

Name
in
Full

Thomas Benjamin Benton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Piney Creek</u>		Town <u>Kent</u>		County	
Date of death <u>1960</u>	Month <u>July</u>	Day <u>7</u>	Age <u>32</u>	Years	Months
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Kent Co Md</u>	
Occupation <u>Waterman</u>		Where Reaiding if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ethel V Beck</u>				
Father's Name <u>Thomas B. Benton</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary A Rollison</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Thomas H Benton</u>				How related to deceased <u>Son</u>	

CAUSES OF DEATH

99 ✓

Primary	<u>Hemorrhage of the lungs</u>	How long <u>2 weeks</u>
Immediate	<u>Exhaustion</u>	How long <u>One hour</u>

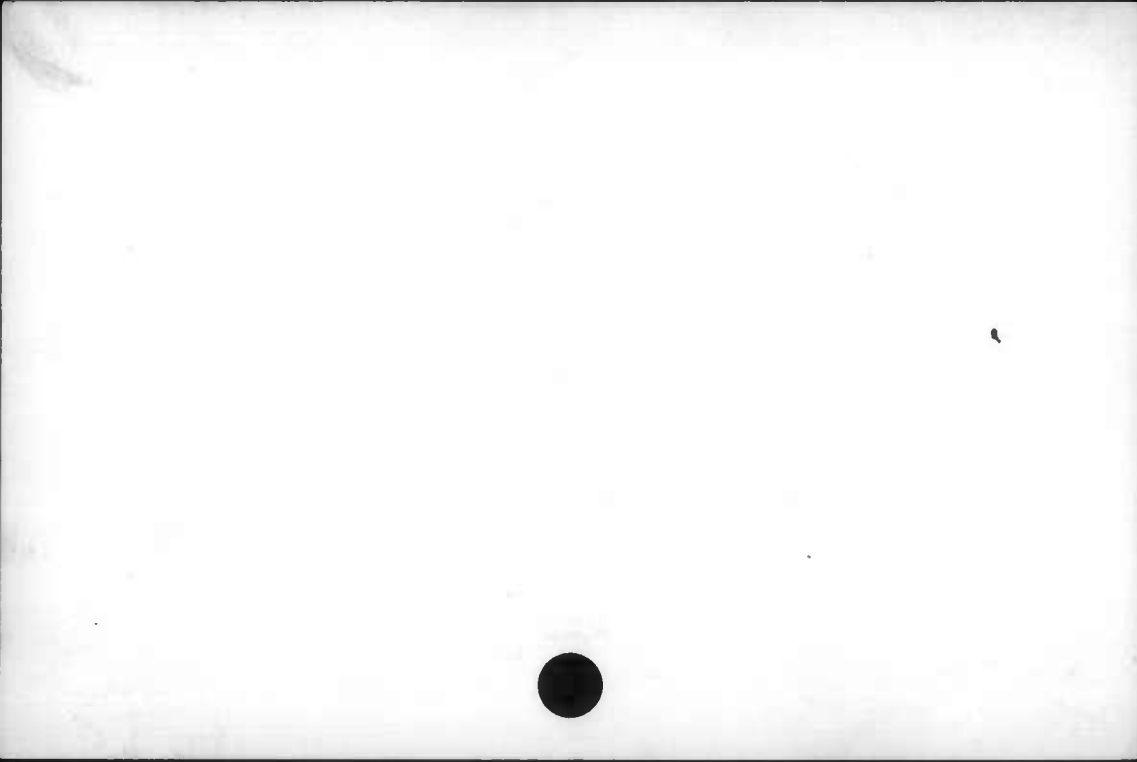
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. O. Selby M.D.
Address Rock Hill Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Robert B. Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chestertown* Town *Kent* County

Date of death 19*90* Month *Jan* Day *4* Age *68* Months *-* Days *-*

Sex *Male* Color or Race *Black* Birth-place *Kent co*

Occupation *Leabror* Where Residing if not at place of death *Chestertown*

Married, Single or Widowed *Widower* Name of Wife or Husband *Sarah Blake*

Father's Name *Philip Blake* Father's Birthplace *Unknown*

Mother's Maiden Name *Eliza Williams* Mother's Birthplace *Unknown*

Name of person giving Information *Anna E Bell* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Pulmonary Interualosis* How long *2 yrs*

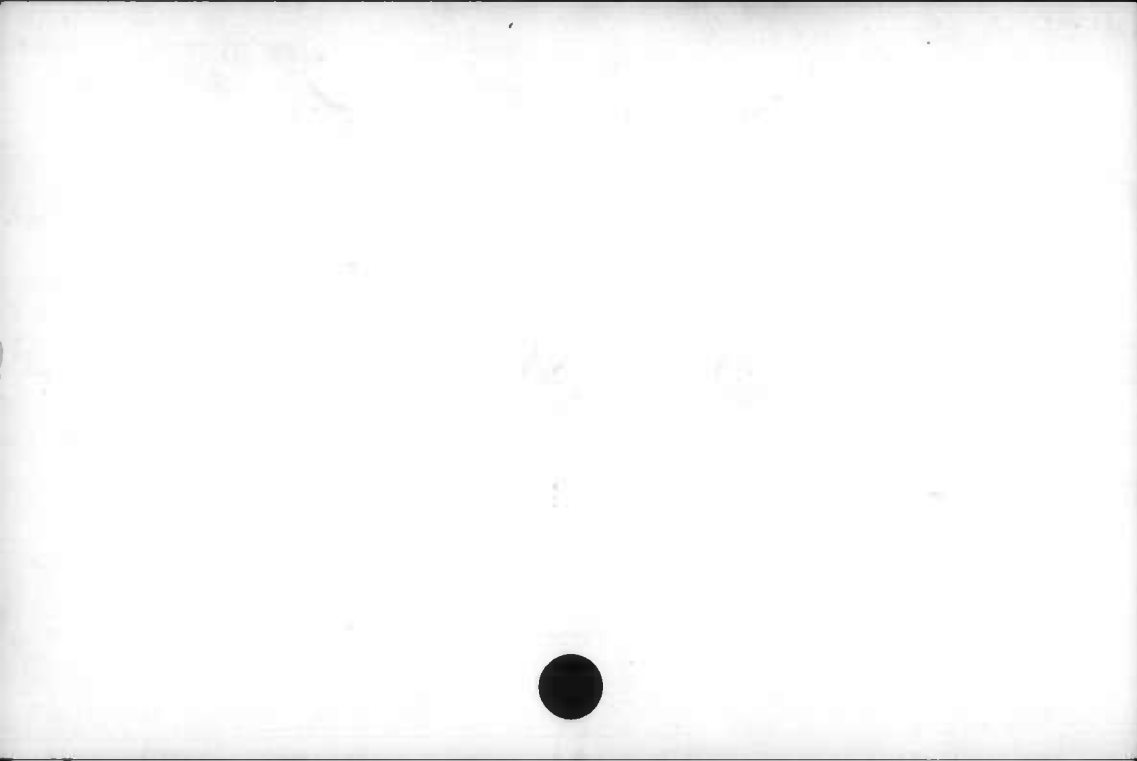
Immediate *Asthma* How long *Several weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Simpson*

Address *Chestertown*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Lillie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Chester* Town *ville*County *Kent*

MARYLAND

Date of death *1910* Month *Jan.* Day *9th.* Age *52*

Months

Days

Sex *Female*Color or Race *Black*Birth-place *Chester* *ville, Md.*Occupation *Laundress*Where Residing if not
at place of deathMarried, Single or Widowed *Married*Name of Wife or
HusbandFather's Name *Isaac Ford*Father's Birthplace *Md.*Mother's Maiden Name *Lillie Ford*Mother's Birthplace *"*Name of person giving
In formation *Henry L. Wright*How related
to deceased

CAUSES OF DEATH

Primary *Apoplexy*
*Coma*How long *1 day*
How long *1 "*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

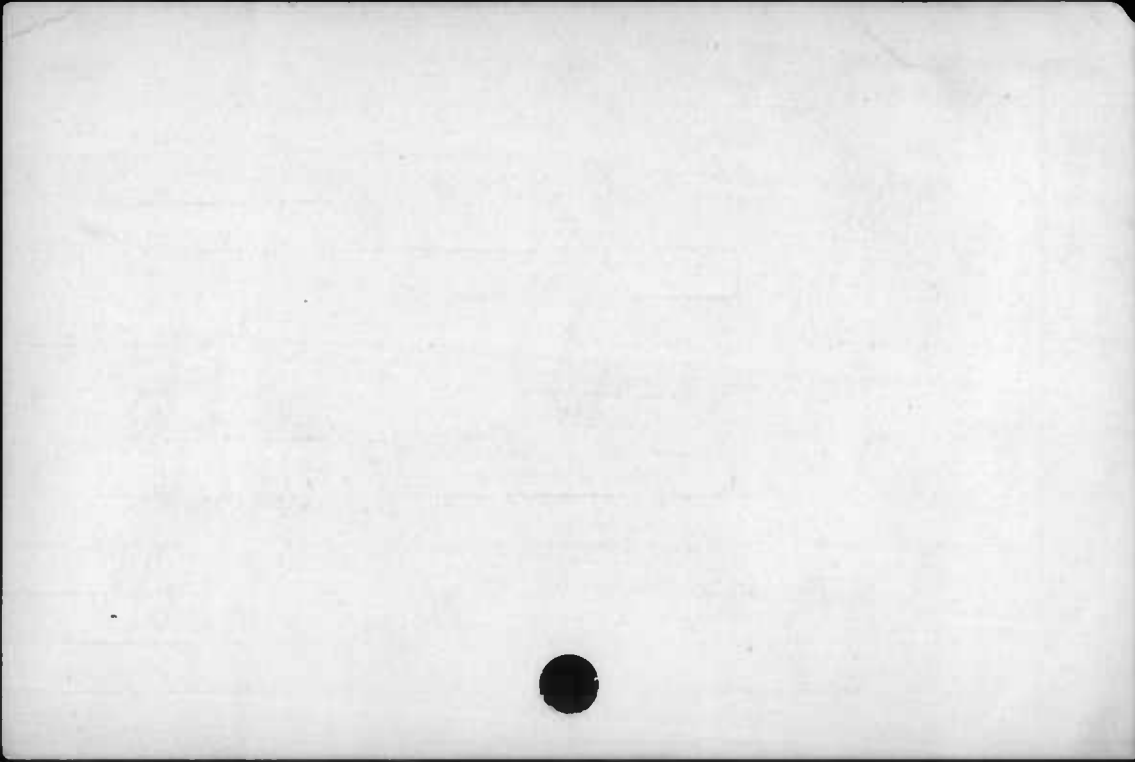
C. P. Towne
Washington
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Robert Butts				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Chester town		County		Kent		MARYLAND		
		Date of death		1960	Month	Jan.	Day	3	Age	Years	Months	10
		Sex		male		Color or Race		Black		Birth-place		Chester town
		Occupation		now		Where Residing if not at place of death		Chester town				
		Married, Single or Widowed		Single		Name of Wife or Husband						
PHYSICIAN OR CORONER		Father's Name		Michael Butts				Father's Birthplace		Kent Co		
		Mother's Maiden Name		Anne Hardy				Mother's Birthplace		Cecil Co		
		Name of person giving information		Annie Butts				How related to deceased		Mother		
		CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary						(157) ✓		How long		
		Immediate						Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?						yes		Several days		
		Signature of Physician						Frank B. Hines		Address		
						Chester town		Md				
		Accident or Suicide?						no				



Name
in
Full

Rachel A. Deen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Christstown ^{Town} Clark ^{County} **MARYLAND**

Date of death 196 ^{Month} Jan ^{Day} 31 Age 2 ^{Years} 2 ^{Months} 2 ^{Days}

Sex Female Color or Race col Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name George Deen Father's Birthplace md

Mother's Maiden Name Maryann Johnson Mother's Birthplace md

Name of person giving Information Father How related to deceased —

CAUSES OF DEATH

Primary Broncho pneumonia ?

Immediate Cardiac failure

How long several daysHow long " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Dr. Attending

114 Simpson St

Local Board of Health

Christstown md

PHYSICIAN
OR CORONER

Accident or Suicide

Chas L. Dodd

(James M. C. Cemetery,

Name
in
Full

Georgie A. Duckery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Lynch Town Kent County MARYLAND
Date of death 1960 Jan 18 Age 46 Months — Days —

Sex female Color or Race 1 Black Birth-place Ind.
Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed married. Name of Wife or Husband James W. Duckery.

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Sarah Wright Mother's Birthplace Ind.

Name of person giving Information James Duckery How related to deceased Husband

CAUSES OF DEATH

(69) ✓

PHYSICIAN
OR CORONER

Primary Eclampsy How long all life.
Immediate Disease & exhaustion How long 3 days.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician S. J. Barwick

Address Kennedyville

~~Accident or Suicide~~

Mountain March 9d.

Name
in
Full

Albert Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rock Hall	County Kent	MARYLAND	
Date of death	1960	Month July	Day 13	Age 22	Months 6
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	Water	Where Residing if not at place of death		At place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	Not	Any	
Father's Name	James	Father's Birthplace	Baltimore		
Mother's Maiden Name	Emma	Mother's Birthplace	England		
Name of person giving information	Roland Reeves	How related to deceased	Step Father		

CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	2 years
Immediate	Exhaustion	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Schwabacher
		Address	Rock Hall Md
Accident or Suicide	no		

PHYSICIAN
OR CORONER



Name
in
Full

Lemio C. Hayes.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Galena		County Kent		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Jan.	7	Age	65	6	
Sex		Color or Race		Birth-place			
Male		White		Pennsylvania			
Occupation				Where Residing if not at place of death			
Retired Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Sarah J. Hayes					
Father's Name		Father's Birthplace					
Thomas Hayes		Del.					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Gocum		Del.					
Name of person giving Information		How related to deceased					
Mrs J. A. Meier		Daughter					

CAUSES OF DEATH

(81)

V

PHYSICIAN
OR CORONER

Primary		How long	
Arteriosclerosis		Indefinite	
Immediate		How long	
Exhaustion		2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo. R. Jones	
		Address	
		Galena, Md.	
Accident or Suicide			



Name
in
Full

James H. Humbley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Chesapeake</u>		Town		County		1 Creek		MARYLAND	
Date of death 196		Month Jan		Day 25		Age 78		Years Months Days	
Sex Male		Color or Race Col		Birth-place Md					
Occupation Laborer				Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Harriet Wilson		Gardner					
Father's Name Unknown		Father's Birthplace Unknown							
Mother's Maiden Name Unknown		Mother's Birthplace Unknown							
Name of person giving Information Harriet Wilson Humbley		How related to deceased Wife							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia & Rheumatism		How long 3 or 6 days	
Immediate Heart Failure		How long Several hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Humbley	
Accident or Suicide No		Address Chesapeake	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Horton

Town

County

MARYLAND

Date

of death

1900

Month

Jan

Day

6

Age

2

Years

Months

10

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Horton

Occupation

Infant

Where Residing if not
at place of death

Horton

Married, Single
or Widowed

Infant

Name of Wife or
Husband

—

Father's
Name

H. Theo Jewell

Father's
Birthplace

Kent Co

Mother's
Maiden Name

Bertha Smith

Mother's
Birthplace

Kent Co

Name of person giving
Information

H. Theo Jewell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Measles, whooping cough

How long

DEC 10, 1909

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

H. Benge Simmons

Address

Chestertown

Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Union Cemetery

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Josiah Johnson</i>		Town <i>Chesterstown</i>		County <i>Kent.</i>		State <i>MARYLAND</i>	
Died at		Month <i>July</i>		Day <i>29.</i>		Age <i>65</i>	
Date of death		Month <i>July</i>		Day <i>29.</i>		Age <i>65</i>	
Sex <i>Male</i>		Color or Race <i>Black.</i>		Birth-place <i>Kent. Co. Md.</i>		Months <i>Days</i>	
Occupation <i>Laborer.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed.</i>		Name of Wife or Husband					
Father's Name <i>John Johnson.</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Mary Starling</i>		Mother's Birthplace <i>Kent Co Md</i>					
Name of person giving Information <i>Loebis Johnson.</i>		How related to deceased <i>son.</i>					

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>4 days.</i>
Immediate <i>Exhaustion</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>C M Mahan</i>
	Address <i>Chesterstown Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

Chas L Dodge
Pomona

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie E. Johnson</i>		Town <i>Easton</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Easton</i>		Month <i>Jan.</i>		Day <i>24</i>		Years <i>54</i>	
Date of death <i>1960</i>		Month <i>Jan.</i>		Day <i>24</i>		Years <i>54</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Easton Md.</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>James R. Johnson</i>					
Father's Name <i>Joe Larimore</i>		Father's Birthplace <i>Easton Md.</i>					
Mother's Maiden Name <i>Margaret Skinner</i>		Mother's Birthplace <i>Easton Md.</i>					
Name of person giving Information <i>James Johnson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary <i>Concussion (Lip.)</i>	How long <i>30 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Overhuland</i>
Address <i>Easton Md.</i>	
Accident or Suicide <i>Accident</i>	

Hicks

Chester-Comuter

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond</i>		Town <i>Stuart</i>		County <i>Stuart</i>		MARYLAND	
Date of death 190 <i>1</i>		Month <i>Jan</i>		Day <i>26</i>		Age <i>6</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>		Months <i>7</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel Johnston</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Annie Butler</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Daniel Johnston</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>4 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>unknown</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>L. P. Atwell M.D.</i>	
Address <i>Still Pond, Ind.</i>		Address <i>—</i>	
Accident or Suicide <i>—</i>			

119

Still Pond

Name in Full		Town		County		STATE	
Name		Died at		County		MARYLAND	
Date of death		Month		Year		Month	
1910		Jan		1		59	
Sex		Color or Race		Birth-place		Days	
female		white		Md		—	
Occupation		Where Residing if not at place of death					
House wife							
Married, Single or Widowed		Name of Wife or Husband					
Widow							
Father's Name		Father's Birthplace					
William Turner		Md					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving Information		How related to deceased					
Bessie Leigh		daughter					
CAUSES OF DEATH							
Primary		How long					
Tuberculosis.		one year,					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes.		W. S. Maxwell,					
		Address					
		Still Pond, Md.					
Accident or Suicide							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

End for

Name
in
Full

William Plater Lockerman

CERTIFICATE OF DEATH

Died at <i>near Millington</i>		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1940 Jan 11th</i>		Month <i>Jan</i>		Day <i>11th</i>		Age <i>53</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Frederick Co Md</i>		Months	
Occupation <i>Farmer Laborer</i>		Where Residing if not at place of death <i>at home</i>		Years		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Aunnie Plater</i>		Father's Birthplace <i>Md</i>		Father's Name <i>Perry Lockerman</i>	
Mother's Melden Name <i>Emily Plater</i>		Mother's Birthplace <i>Md</i>		How related to deceased <i>Neph</i>		Name of person giving Information <i>John Plater</i>	

CAUSES OF DEATH

120

✓

Primary	<i>Bright's Disease</i>	How long	<i>One year</i>
Immediate	<i>Suppression of Urine</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. Gorman Md</i>	
Address <i>Millington Md</i>		Accident or Suicide <i>No</i>	

Bury at Mission

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Morita Mc Cain</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Chester town</i>		Town		State	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>13</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Chester town</i>			
Occupation <i>School Girl</i>	Where Residing if not at place of death <i>Chester town</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Samil Mc Cain</i>	Father's Birthplace <i>N. Carolina</i>		Mother's Birthplace <i>Lucy Fume C.</i>		
Mother's Maiden Name <i>Morita Johnson</i>	How related to deceased <i>Father</i>		Name of person giving information <i>Samil, Mc Cain</i>		

CAUSES OF DEATH

108 ✓

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>24 hrs.</i>
Immediate <i>Peritonitis</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank B. Hines</i>
	Address <i>Chester town</i>
Accident or Suicide? <i>no</i>	<i>MD</i>

Chas L. Dodd
Master Neck
Seventy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William D. Pennington
Town near Still Pond County Kent MARYLAND
Died at
Date of death 1968 Jan 16 Age 70 Months 2 Days 1
Sex Male Color or Race White Birth-place Del
Occupation Farmer Where Residing if not at place of death —
Married, Single or Widowed married Name of Wife or Husband Ella Sparks
Father's Name Fredrick Pennington Father's Birthplace Del
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving information May Pennington How related to deceased Daughter

CAUSES OF DEATH

Primary Sarcoma of the scalp. How long 8 months.
Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? Yes,

Signature of Physician

Address

W. S. Maxwell,
Still Pond, Md.

Accident or Suicide

PHYSICIAN
OR CORNER

still Pond

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cheestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>71</i>	Months <i>3 months</i>	Days <i>13</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>shoemaker</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Russell</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name	Mother's Birthplace <i>Don't know</i>				
Name of person giving Information <i>L Bates Russell</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe & Chronic Bronchitis</i>	How long <i>10 days</i>	Signature of Physician <i>H. B. Briggs</i>
Immediate <i>La Grippe</i>	How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Address <i>Cheestertown Md</i>	
Accident or Suicide <i>No.</i>		

Nicks
Pistol - counters

Name
in
Full

Ethel Smith

CERTIFICATE OF DEATH

Town *Edesville* County *Kent* MARYLAND

Died at *Edesville*

Date of death *1940* *Jan* *14* *Age* *21* *Months* *—* *Days* *—*

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *At Place of Death*

Married, Single or Widowed *Married* Name of Wife or Husband *Melbert Smith*

Father's Name *Charles Corsey* Father's Birthplace *Kent co Md*

Mother's Maiden Name *Sophia Patterson* Mother's Birthplace *Maryland*

Name of person giving Information *Melbert Smith* How related to deceased *Husband*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Supposed to be Consumption* How long *28* ✓

Immediate *no Dr attending* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

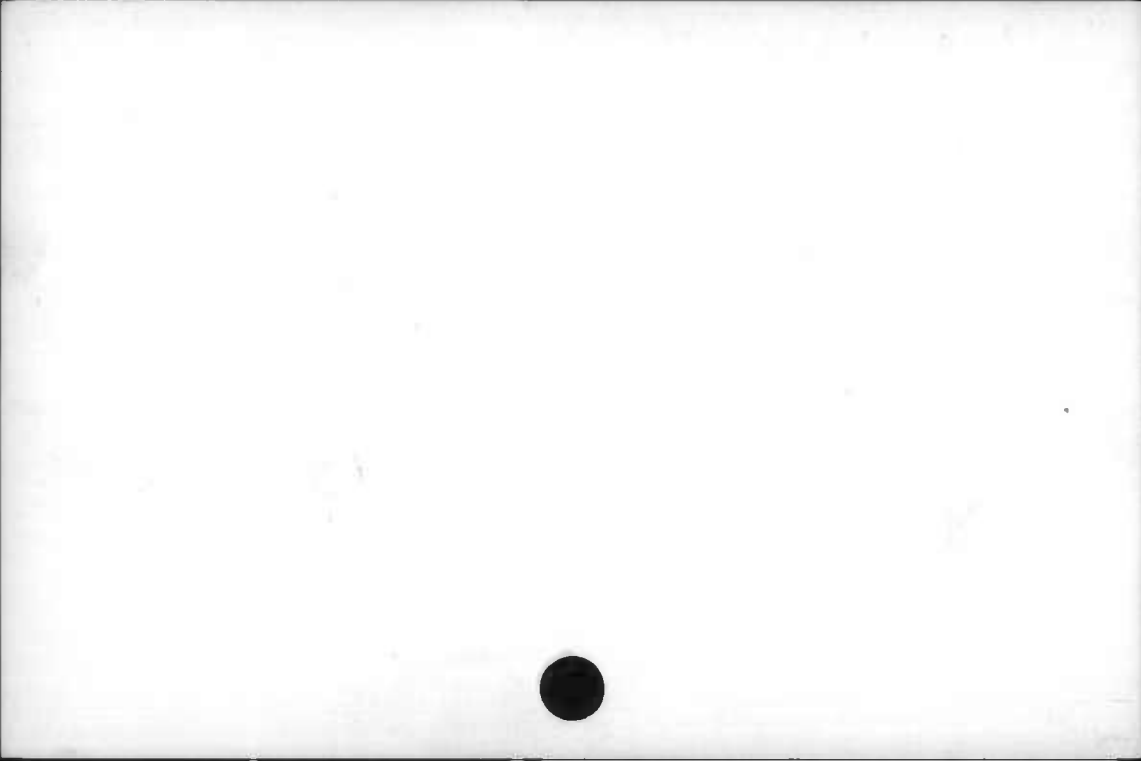
Signature of Physician

Address

F M Satterfield
Sub Registrar

PHYSICIAN
OR CORONER

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Mary M. Storke** County **Sent**

Died at **Smithville** Town **Smithville** Month **Jan** Day **18** Age **75** Months **-** Days **-**

Date of death **1900**

Sex **female** Color or Race **White** Birth-place **Ind**

Occupation **School Teacher** Where Residing if not at place of death **-**

Married, Single or Widowed **Single** Name of Wife or Husband **-**

Father's Name **Daniel Stark** Father's Birthplace **Ind**

Mother's Maiden Name **Rebecca Lamb** Mother's Birthplace **Ind**

Name of person giving Information **Bessie Skeggs** How related to deceased **heir**

CAUSES OF DEATH

92

Primary **Pleural-Pneumonia.** How long **unknown**

Immediate **Heart Failure** How long **"**

Are the name, age, sex, color, data and place correctly given above? **yes.** Signature of Physician **L. P. Atwell M.D.**

Address **Still Pond Ind.**

Accident or Suicide

PHYSICIAN
OR CORONER

Frieds burying ground

Name
in
Full

Abburdon Gillison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Baldertown* ^{County} *Kent*

Date of death 19*40* ^{Month} *Jan* ^{Day} *13* ^{Years} *18* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *colored* Birth-place *Kent-co*

Occupation *Housemaid* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Risden Gillison* Father's Birthplace *Kent co*

Mother's Maiden Name *Jane Porter* Mother's Birthplace *Kent-co*

Name of person giving Information *Risden Gillison* How related to deceased *Father*

CAUSES OF DEATH

28

Primary *Pulmonary Tuberculosis* How long *about 1 year*

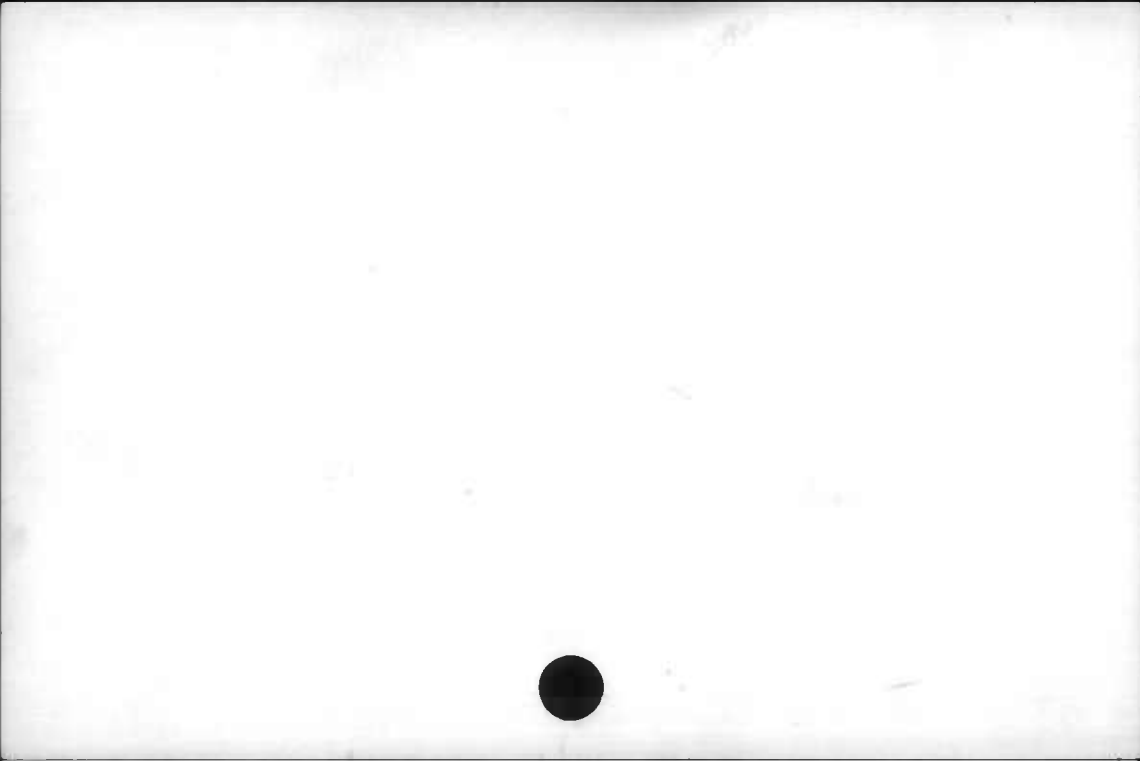
Immediate *Exhaustion* How long *several weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H.E. Simpson*

Address *Chicktown*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

William Burger Neilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester town</u> ^{Town}		<u>Hants</u> ^{County}		MARYLAND	
Date of death <u>1960</u>	<u>Jan.</u> ^{Month}	<u>5</u> ^{Day}	Age <u>72</u>	<u>3</u> ^{Months}	<u>10</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place		
Occupation <u>Editor & Publisher</u>		Where Residing if not at place of death <u>Died at home</u>			
Married <u>Single</u> or Widowed	Name of Wife or Husband <u>Mary H. Neilton</u>				
Father's Name <u>Robert Neilton</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Mary Lane</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>Fred G. Neilton</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Arterio-sclerosis - Cerebral</u>	How long <u>Several years</u>
<u>Hemorrhage + Cerebral Softening - Progressive</u>	<u>(3 or 4)</u>
Immediate <u>Respiratory + Cardiac Paralysis</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry L. Davis</u>
	Address <u>Chester town, Md.</u>
Accident or Suicide <u> </u>	

Chas. L. Dodd.

Chester Cemetery.

Name
in
Full

Sam'l. J. Walter.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester town</u> ^{Town}		<u>Kent.</u> ^{County}		MARYLAND	
Date of death 19 <u>80</u> <u>Jan</u> ^{Month} <u>2</u> ^{Day}		Age <u>21</u> ^{Years}		Months <u> </u> Days <u> </u>	
Sex <u>Male.</u>	Color or Race <u>Black,</u>	Birth-place <u>Pomona Md</u>			
Occupation <u>Laborer.</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single.</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>John. Walker.</u>		Father's Birthplace <u>Pomona Md</u>			
Mother's Maiden Name <u>Hannah. G. Hynson.</u>		Mother's Birthplace <u>Pomona "</u>			
Names of person giving Information <u>Hannah. G. Hynson.</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <u>Acting Ano. 4 1/2 Wound 4 weeks Cps</u>	How long <u>1 1/2 Months</u>
Immediate <u>Exhaustion</u>	How long <u>3m.</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	
Signature of Physician <u>[Signature]</u>	Address <u>Old husband Md</u>
Accident or Suicide <u> </u>	

Chas Lloyd

Pomona

Secretary

Name
in
Full

CERTIFICATE OF DEATH

John Giles Warner
Town Rock Hall County Kent

MARYLAND

Died at Date of death 1960 May 29 Age 5-6 Months Days

Sex Male Color or Race White Birth-place Kent Co Md

Occupation Waterman Where Residing if not at place of death Place of death

Married, Single or Widowed Married Name of Wife or Husband Mamie Ashley

Father's Name John Giles Warner Father's Birthplace Maryland

Mother's Maiden Name Mary Wrie Mother's Birthplace Kent Co Md

Name of person giving Information Augustus Warner How related to deceased Son

CAUSES OF DEATH

79

V

Primary Heart disease How long 6 weeks

Immediate Explanation Exhauation How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

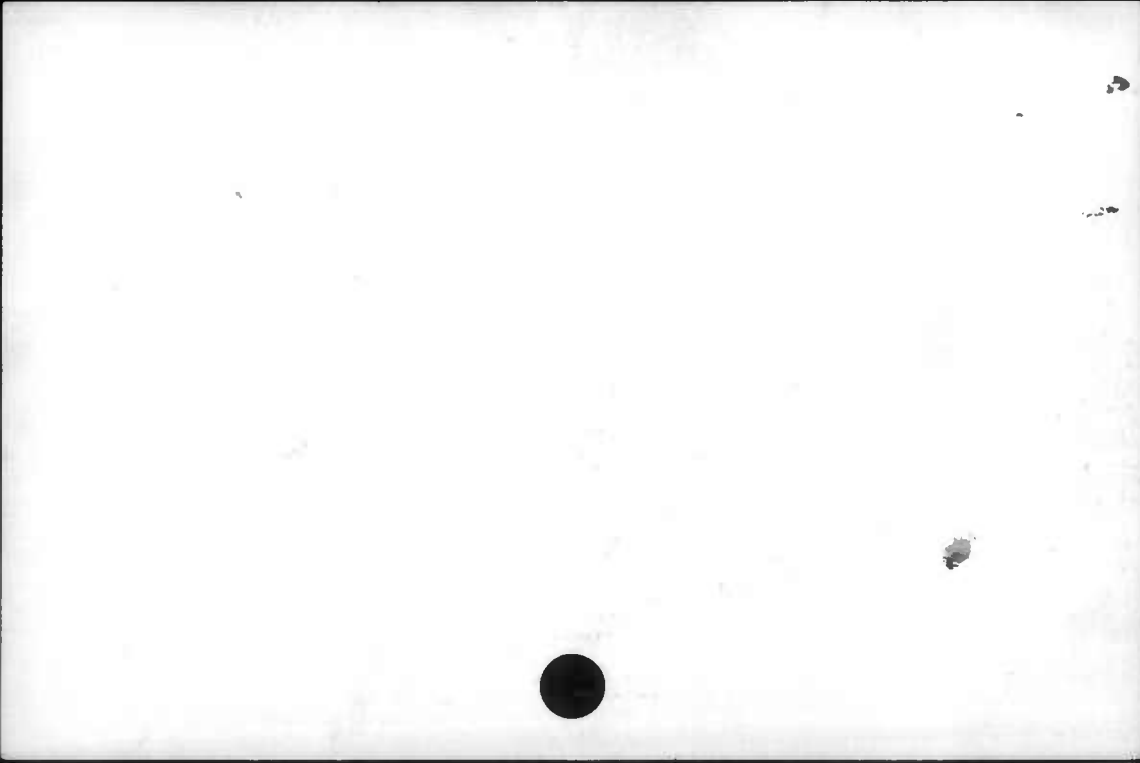
Address

Walter D. Selby M.D.
Rock Hall, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Still Born Infant

Wilmer
County
Kent

CERTIFICATE OF DEATH

MARYLAND

Died at Still Pond

Date of death 1900

Month
Jan

Day
15

Age

Years

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John S. Wilmer

Father's
Birthplace

md

Mother's
Maiden Name

Katherine R. Brooke

Mother's
Birthplace

md

Name of person giving
Information

John Wilmer

How related
to deceased

father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Still Born

Mr.



J. McEntire Kelly
Still Pond, Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

mt zion. ch yd.

Name
in
Full

Mrs Emma V Woods

CERTIFICATE OF DEATH

Died at

Pomona

Town

County

Kent Co

MARYLAND

Date

of death

1980

Month

Jan

Day

21

Age

Years

58

Months

5

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

House Keeping

Where Residing if not
at place of death

Pomona

Married, Single
or Widowed

Married

Name of Wife or
Husband

Chas E Woods

Father's
Name

Michael Matthews

Father's
Birthplace

Baltimore

Mother's
Meiden Name

Frances S Matthews

Mother's
Birthplace

Don't know

Name of person giving
Information

Chas E Woods

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Bright's Disease

How long

4 years

Immediate

Bright's Disease

How long

4 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. Benze Simmons

Address

Chester town Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

120

✓

Chas L. Dodge

Chester Cemetery